

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043783  
STATE FILE NUMBERDO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 394

Primary Registration District No. \_\_\_\_\_

Registrar's No. 155**FILED DEC 3 1962**

## 1. PLACE OF DEATH

a. COUNTY

Reynoldsb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Black townshipLength of stay in 1b  
87 yrs

a. STATE

Missouri b. COUNTY Reynoldsc. CITY  
OR TOWN BlackInside Limits  
Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION at residenceInside Limits  
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)  
R F DReside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Thomas E Prater4. DATE  
OF DEATH

Month

Day

Year

Nov 20 1962

## 5. SEX

male

## 6. COLOR OR RACE

white7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

8-26-73

## 9. AGE (last birthday)

78

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Blacksmith10b. KIND OF BUSINESS OR INDUSTRY  
general11. BIRTHPLACE (City and state or country)  
Tenn.12. CITIZEN OF WHAT COUNTRY  
U S A

## 13a. FATHER'S NAME

Dave Prater

## 13b. MOTHER'S MAIDEN NAME

Nancy Naxie

## 14. NAME OF HUSBAND OR WIFE

Julia15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
X16. SOCIAL SECURITY NO.  
X

## 17. INFORMANT

Address

Jesse Prater Oats, Missouri18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:IMMEDIATE CAUSE (a) UREMIAConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.DUE TO (b) KETOSISDUE TO (c) DIABETES MELLITUSPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)  
SENILITYPART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-9-60 to 11-19-62 and last saw her alive on 11-16-62  
Death occurred at 10:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial11-23-1962Upper Injun Creek Cem.Reynolds County, Mo.

## 24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

SPENCER FUNERAL HOME INC. Salem, Mo. Nov. 29, 1962

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

VS 300  
Rev. 4/59109002090034 05 267 18 09260X101112 70-213 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Earl H. Spencer*

Licensed Embalmer No.

*237*

P. O. Address

*Salina MO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.